

Case Number:	CM14-0023674		
Date Assigned:	05/12/2014	Date of Injury:	05/08/2012
Decision Date:	08/12/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47-year-old female with a 5/8/12 date of injury, when she was picking up boxes, leaned with a box and felt a snap sensation in the low back. 4/15/13 Neurosurgical consultation indicated that surgery was not recommended at that time. 1/9/14 Note indicated that the patient has low back and right leg pain (8/10), with flare-ups of pain. There were also complaints of sleep difficulties and limited ADLs. Clinically, there was an antalgic gait; 1+ ankle and knee jerks bilaterally; and positive SLR. The patient is utilizing Lidoderm patches and Prilosec. A FRP was requested, as well as continued Lidoderm and Prilosec. 2/28/14 Note stated that the patient is currently undergoing acupuncture. 4/3/14 Note described ongoing low back pain and right leg pain. The patient is on modified duties and is working. No comprehensive physical examination was performed. She will continue modified duties and HEP. PT notes were reviewed. Treatment to date has included PT, activity modification, right knee surgery, left elbow surgery, ESI, acupuncture, massage, HEP, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

COMPREHENSIVE PAIN MANAGEMENT PROGRAM QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

Decision rationale: Medical necessity for the requested FRP is not established. The California MTUS recommends this treatment option when all lower levels of care have been exhausted, and there is an absence of other options likely to result in significant clinical improvement. This request obtained an adverse determination as it was considered that lower levels of care could still provide pain relief and functional improvement. Although additional medical records were provided, this issue was not addressed. The 2/28/14 note stated that the patient was currently undergoing acupuncture, indicating that other conservative treatments were still being provided. In addition, the provided progress notes did not describe significant loss of ability to function independently. There is no FRP evaluation, assessing the patient's candidacy for FRP. The request is not substantiated.